

# Inspectors General

U.S. Department of Defense and  
U.S. Department of Veterans Affairs

## DoD/VA Care Transition Process for Service Members Injured in OIF/OEF

June 12, 2008

Department of Defense  
Report No. IE-2008-005

Department of Veterans Affairs  
Report No. 06-02857-127

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## DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL



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## DEPARTMENT OF DEFENSE OFFICE OF INSPECTOR GENERAL



*Mission: The Office of the Inspector General promotes integrity, accountability, and improvement of Department of Defense personnel, programs and operations to support the Department's mission and to serve the public interest.*

# DoD/VA Care Transition Process for Service Members Injured in OIF/OEF Executive Summary



## What Was Done.

The Under Secretary of Defense for Personnel and Readiness requested the Department of Defense (DoD) Inspector General perform a review of the DoD/Veterans Affairs care transition process for Service members injured in Operations Iraqi Freedom and Enduring Freedom. To facilitate an integrated approach and outcome, DoD and the Department of Veterans Affairs (VA) Offices of the Inspector General formed an interagency team, allowing access to DoD and VA facilities, records, and decision makers.

## What Was Identified.

The interagency IG team identified 14 draft recommendations for program improvement. However, during 2006, the interagency IG effort was one of three parallel efforts related to health care for OIF/OEF Service members. Moreover, the National Defense Authorization Acts for Fiscal Years 2006-2008 legislated provisions to improve Service member health care.

In May 2007, the Secretary of Defense formed the Wounded, Ill, and Injured Senior Oversight Committee to coordinate and track legislative requirements, the more than 400 recommendations made by the independent commissions, and implementing actions within DoD and VA. In collaboration with the Wounded, Ill, and Injured Senior Oversight Committee, the DoD/VA team determined that Congress, various commissions, DoD, and VA had already addressed 11 of their 14 draft recommendations.

While not addressed in legislation or parallel task force reports, as of April 2008, DoD and VA took action on two of the three remaining recommendations.

- DoD developed draft policy for seamless transition oversight and coordination. Implementation was pending final guidance and instructions from the Wounded, Ill, and Injured Senior Oversight Committee.
- The Office of Congressional and Legislative Affairs of the Department of Veterans Affairs began consideration of an amendment to section 1717, title 38, United States Code, allowing the Secretary of Veterans Affairs to provide Home Improvements and Structural Alterations (HISA) grants to eligible veterans prior to discharge from military service.

With regard to the third recommendation, the issue identified was that medically retired Service members who are rated 100 percent disabled and deemed unemployable and are without ready access to VA or DoD health care facilities pay more for medical care than career-service retirees because of inequitable criteria for health care coverage.

## How it Can Be Improved.

We recommended that the Under Secretary of Defense for Personnel and Readiness coordinate with the Centers for Medicare and Medicaid Services of the Department of Health and Human Services to develop and propose legislation waiving Medicare Part B monthly premiums for life for medically retired Service members deemed unemployable. DoD and VA should continue to cooperate and implement task force recommendations and legislative changes further improving the transition process for wounded Service members.

## **GENERAL INFORMATION**

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Forward questions or comments concerning the report of the DoD/VA Care Transition Process for Service Members Injured in OIF/OEF and other activities conducted by the Inspections & Evaluations Directorate to:

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An overview of the Inspector General of the Department of Defense mission and organizational structure is available at <http://www.dodig.mil>.

An overview of the Inspector General of the Department of Veterans Affairs mission and organizational structure is available at <http://www.va.gov/oig>.

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20301-1900

Contact the VA OIG Hotline by telephone at (800) 488-8244, by e-mail at [vaoighotline@va.gov](mailto:vaoighotline@va.gov), or in writing:

VA Inspector General Hotline (53E)  
P.O. Box 50410  
Washington, DC 20091-0410



**U.S. Department of Defense and  
U.S. Department of Veterans Affairs**



JUN 12, 2008

**REPORT TRANSMITTAL**

The Offices of Inspector General of the Departments of Veterans Affairs and Defense prepared this interagency report.

The report assesses the transition process for Service members injured in ongoing operations as they transfer from the DoD health care system to the VA health care system, and provides recommendations for program improvement.

The interagency DoD/VA Inspectors General team met with senior leaders and visited DoD and VA facilities to observe and identify strengths and weaknesses in the care transition process. During the conduct of this assessment, DoD and VA leaders and managers initiated significant efforts to improve transition processes and to comply with legislative mandates. This report acknowledges the accomplishments of both Departments.

Recommendations in this report were based on the best information available to the Offices of Inspector General and have been discussed with those responsible for implementation. These recommendations should result in more effective, efficient, and equitable assistance to Service members and veterans.

We appreciate the cooperation of all those who contributed to the preparation of this report.

*(original signed by:)*

John D. Daigh, Jr., M.D.  
Department of Veterans Affairs  
Office of Inspector General  
Assistant Inspector General for  
Healthcare Inspections

*(original signed by:)*

Donald M. Horstman  
Department of Defense  
Office of the Inspector General  
Deputy Inspector General for  
Policy and Oversight

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## Purpose and Background

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**Purpose of this Report.** This report summarizes the results of the Department of Defense (DoD) and Veterans Affairs (VA) Inspectors General (IG) interagency evaluation of the health care transition processes for Service members severely injured in Operations Iraqi Freedom and Enduring Freedom (OIF/OEF).

**Background.** On March 10, 2005, the Under Secretary of Defense for Personnel and Readiness requested the DoD Inspector General perform a review of the DoD/VA care transition process for Service members injured in OIF/OEF, including medical hold and medical holdover programs in each of the Services (see Appendix A).

In May 2005, the DoD Assistant Inspector General for Inspections and Evaluations met with the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness to discuss project scope and identify objectives. Attendees agreed that the announced objectives would concentrate on the process, not individual cases, and address all Service components.

Prior to announcing the project, the DoD IG team met with the VA Assistant Inspector General for Healthcare Inspections to form an interagency team. The combined approach facilitated the team's access to DoD and VA facilities, records, and decision makers. A joint team also allowed for a systemic examination of the process across agency boundaries and the formulation of recommendations for both Departments.

The interagency IG team announced the project in July 2006 and began fieldwork immediately (see Appendix B).

**Objective.** The announced objective was to conduct a strategic assessment of law, policies, and processes governing the Services to determine if Service members wounded in OIF/OEF receive effective access to care and benefits during and after transition from DoD health care to the VA.

The evaluation did not include an assessment of any aspect of the quality of medical care. The interagency IG team did not conduct a transaction based audit of process results or a survey of injured Service members' perceptions. The team developed recommendations from document analyses and interviews with decision makers, process owners, health care professionals, and other stakeholders.

**Fieldwork.** Between July 2006 and February 2007, the interagency IG team conducted over 35 site visits to DoD and VA facilities, and interviewed over 70 key officials from the Offices of the Secretaries of Defense and Veteran Affairs with program responsibilities. The team also reviewed existing, enacted, and proposed legislation, GAO reports, and other external studies relevant to the objective.

The interagency IG team identified areas for potential improvement, and developed a series of observations concerning the process for transitioning Service members and veterans. The observations addressed:

- post-deployment integration, benefits, and mental health of injured Service members,
- benefits and support to families of injured Service members, and
- data-sharing and case management among DoD, VA, and private sector facilities.

The observations resulted in 14 draft recommendations to offices in DoD and VA. The interagency IG team provided the Under Secretary of Defense for Personnel and Readiness with preliminary observations and recommendations during an in progress review on March 2, 2007. The team planned to complete their evaluation in July 2007.

**Shifting Landscape.** During 2006, the interagency IG effort was one of three parallel efforts related to the impacts of OIF/OEF on Service member health care. In early 2007, media attention on the treatment of injured Service members generated intense public interest in policy and procedures governing “wounded warrior” health care and benefits. This coincided with the interagency IG team’s completion of the data analysis process. The increased interest led to the establishment of independent commissions, further legislative activity, and DoD and VA actions.

Two commissions performed their work during this evaluation: the Veterans Disability Benefits Commission, formed in May 2005, and the DoD Task Force on Mental Health, formed in May 2006. Both groups published their results in 2007.<sup>1</sup>

Beginning in February 2007, the Washington Post published a series of articles regarding health care for Wounded Warriors. The articles focused on conditions of outpatient services at Walter Reed Army Medical Center. In response, senior government officials established three independent commissions, all of whom provided their results in 2007.

- February 2007 – Independent Review Group on Rehabilitative Care and Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center: “Rebuilding the Trust,” April 2007.
- March 2007 – Task Force on Returning Global War on Terror Heroes: “Report to the President,” April 2007.
- March 2007 – President’s Commission on Care for America’s Returning Wounded Warriors: “Serve, Support, Simplify: Report of the President’s Commission on Care for America’s Returning Wounded Warriors,” July 2007.

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<sup>1</sup> “Honoring the Call to Duty: Veterans’ Disability Benefits in the 21st Century,” report by the Veterans Disability Benefits Commission, October 2007, and “An Achievable Vision: A Report of the Department of Defense Task Force on Mental Health,” DoD Task Force on Mental Health, June 2007.

In addition, the Government Accountability Office, the DoD and VA Inspectors General, and other organizations completed reviews as part of their normal oversight functions.

Meanwhile, Congress legislated new laws affecting the care of injured Service members. Section 563 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2006 (P.L. 109-163) outlined policy and procedural changes for assistance to severely injured Service members. Section 564 of the NDAA for FY 2007 (P.L. 109-364) required DoD augmentation of Service programs to assist severely injured Service members. Media attention, the recommendations of independent commissions, and agency activity culminated in Congress including Titles 16 (“Wounded Warrior Matters”) and 17 (“Veterans Matters”) in the NDAA for FY 2008 (P.L. 110-181). This legislation mandated extensive changes to DoD and VA policy and procedures, incorporating many recommendations for improvement identified by the independent commissions.

In May 2007, the Secretary of Defense formed the Wounded, Ill, and Injured Senior Oversight Committee. The mission of this committee was to coordinate and track legislative requirements, the more than 400 recommendations made by the independent commissions, and implementing actions within DoD and VA. The Deputy Secretary of Defense and the Deputy Secretary of Veterans Affairs co-chair this joint DoD-VA committee.

The interagency IG team first met with the Wounded, Ill, and Injured Senior Oversight Committee representatives in September 2007. The initial intent was to determine if the 14 draft IG recommendations duplicated or contradicted Congressional intent or findings of other review groups. The interagency IG team was also aware of the pending sections of the NDAA for FY 2008 and decided to postpone releasing findings until after the President signed the NDAA for FY 2008 into law. After final review, the team determined that 11 of the 14 draft recommendations were being addressed. There was little value in repeating existing recommendations and there was no value in recommending action already mandated by law.

The Office of the Under Secretary of Defense for Personnel and Readiness and the Office of the Secretary of Veterans Affairs reviewed a draft of this report. The Wounded, Ill, and Injured Senior Oversight Committee provided a DoD response, concurring with comment (see Appendix C). Summarized comments and response follow the recommendation on page 8. The Office of the Secretary of Veterans Affairs had no comments to the draft report. No further response is required.

## Observations and Recommendations

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**Recommendations Addressed in Other Reviews.** The interagency IG team determined that legislation and other task force reports covered 11 of the 14 draft recommendations.

Furthermore, as of April 2008, the appropriate DoD and VA offices had initiated or completed actions to address the issues. The 11 covered recommendations addressed five general topics.

**1. Post-Deployment Integration.** ISSUES: Time constraints, benefits awareness, and duplicative medical exams complicated injured Service members' return to civilian life and use of benefits, especially members of the Reserve Component.

ACTION: DoD and VA increased collaborative efforts and staff training, enhanced the Transition Assistance Program, and expanded the Benefits Delivery at Discharge program. These changes benefited all transitioning Service members and veterans, especially members of the Reserve Component.

**2. Support for Families.** ISSUES: TRICARE rules and VA requirements caused inequitable treatment of eligible family members and familial attendants providing aid and assistance to severely injured Service members or veterans during periods of treatment.

ACTION: DoD drafted policies and procedures allowing increased access to TRICARE and Military Treatment Facilities for familial attendants. VA issued a legislative proposal requesting VA travel and per diem rules for attendants match those of DoD. When adopted, these changes will remedy the identified inequities.

**3. Service Member Benefits.** ISSUES: TRICARE rules have disadvantaged medically retired Service members. In addition, inadequate consideration of service connected behavioral changes during character of discharge proceedings has affected access to health care benefits.

ACTION: The Wounded, Ill, and Injured Senior Oversight Committee reviewed proposed changes to TRICARE rules for medically retired Service members. Both DoD and VA drafted and were implementing new procedures to screen and evaluate Service members and veterans for traumatic brain injuries and post traumatic stress syndrome.

**4. Mental Health.** ISSUES: DoD and the military Services needed to improve awareness, reduce stigma, and increase training throughout the force concerning the mental health of Service members deployed, returning from deployment, and redeploying.

**ACTION:** DoD developed and was preparing to implement mental health awareness and anti-stigma campaigns. DoD and VA updated and promulgated clinical policies and procedures for mental health professionals.

**5. DoD/VA Private Sector Interface.** **ISSUES:** Case management for injured Service members and veterans transitioning between DoD and VA was disjointed, and health records were not integrated.

**ACTION:** DoD and VA formed the Federal Recovery Coordinator Program, an interagency effort to improve lifelong case management for severely injured Service members. DoD and VA accelerated the development of an interoperable patient health record system.

**Recommendations Unique to the Interagency IG Team.** The three remaining draft recommendations of the interagency IG team were unique, or only partially addressed in legislation or parallel task force reports as of April 2008.

## **1. DoD Care Transition Coordination**

**Discussion:** DoD had no office of primary responsibility to facilitate a seamless transition process for injured combat veterans and their families as they move through the DoD health care and benefits programs to the VA health care system.

Seamless transition program responsibilities within DoD were spread among multiple organizations in the Office of the Under Secretary of Defense for Personnel and Readiness. Offices with responsibility included:

- Assistant Secretary of Defense for Reserve Affairs
- Deputy Under Secretary of Defense for Military Community and Family Policy
- Deputy Assistant Secretary of Defense for Force Health Protection and Readiness
- Military OneSource clearinghouse (formerly the Military Severely Injured Center)
- TRICARE Management Activity

DoD had not drafted a comprehensive policy for assistance to “severely injured Service members” as mandated by the NDAA for 2006 (P.L. 109-163).<sup>2</sup> Divided program responsibilities contributed to the complexity of the effort and the delay in completion.

VA established an Office of Seamless Transition in January 2005 to improve internal coordination, enhance DoD/VA collaboration, and integrate VA and DoD activities. They staffed the office with representatives from all major organizations within the VA,

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<sup>2</sup> Public Law 109-163, National Defense Authorization Act for Fiscal Year 2006, Section 563(b), “Policy and Procedures On Assistance to Severely Wounded or Injured Service Members.”

and included representation from the military Services. In 2005, the DoD/VA Health Executive Council<sup>3</sup> recommended to the DoD/VA Joint Executive Council<sup>4</sup> that DoD should create an office similar to that established by the VA.<sup>5</sup>

In October 2007, the VA Under Secretary for Health reorganized the Office of Seamless Transition along clinical case management and DoD outreach functional lines. The Under Secretary for Health elevated program oversight to an executive director, who reports directly to him.

***Interagency IG Team Recommendation:*** The Under Secretary of Defense for Personnel and Readiness should create a DoD Office of Seamless Transition to coordinate the transition process between DoD and VA, and consolidate oversight elements of the transition process under DoD responsibility.

**Actions Taken:** As of April 2008, DoD developed draft policy for seamless transition oversight and coordination. Implementation was on hold pending final guidance and instructions from the Wounded, Ill, and Injured Senior Oversight Committee. Final direction from the Wounded, Ill, and Injured Senior Oversight Committee should ensure consolidation of responsibility for the care transition process in DoD, and the Under Secretary of Defense for Personnel and Readiness should act on the guidance.

In accordance with their charter, the Wounded, Ill, and Injured Senior Oversight Committee planned to disband in January 2009. For consistency and to facilitate continuous improvement, the Joint Executive Council should maintain their efforts to coordinate and advocate implementation of legislative provisions and recommended initiatives.

## **2. Benefits to Disabled Service Members**

**Discussion:** Home Improvement and Structural Alteration (HISA) Grants were not available to severely injured Service members prior to discharge from active military service. Two sections of Title 38 of the United States Code apply to home purchase or

<sup>3</sup> The VA/DoD Health Executive Council (HEC) is co-chaired by the VA Under Secretary for Health and the Assistant Secretary of Defense for Health Affairs. Attendees included representatives from the VA Central Office, DoD Offices of the Under Secretary of Defense (Personnel & Readiness), the Assistant Secretary of Defense (Health Affairs), Service representatives from Manpower and Reserve Affairs and Medical Components, and the National Guard Bureau.

<sup>4</sup> The Deputy Secretaries of Defense and Veterans Affairs co-chair the VA/DoD Joint Executive Council. The Health Executive Council reports to the Joint Executive Council.

<sup>5</sup> VA/DoD Health Executive Council memorandum to the VA/DoD Joint Executive Council, Seamless Transition Summit Recommendations, page 2, July 07, 2006

adaptations. One section authorizes the VA to provide benefits to disabled veterans and members of the Armed Forces, the other only applies to veterans (post discharge).

In June 2006, Congress amended section 2101, title 38, United States Code, authorizing VA to offer grants for the purchase of housing, or adaptation of existing housing with fixtures or special features that accommodate disabilities. The authorization applied to disabled veterans and members of the Armed Forces with permanent and total service-connected disabilities. Housing adaptations included modification such as renovating residence entrances for wheelchair access or modifying existing facilities for roll-in showers or walk-in bathtubs. This authority allowed the Veterans Benefits Administration to provide grants to individuals with service-connected disabilities prior to discharge.

Conversely, section 1717, title 38, United States Code, authorized the VA to offer HISA grants funding home adaptation or alteration to ensure continuation of treatment to veterans. VA was not authorized to offer HISA grants to Service members prior to discharge from service. HISA grants apply to structural alterations necessary to assure the continuation of treatment and/or provide access to the home or to essential lavatory and sanitary facilities. Case managers at VA Polytrauma Rehabilitation Centers stated that the inability to obtain HISA grants for injured Service members who had not yet been discharged from active duty hindered continuation of treatment during their transition from DoD to VA health care.<sup>6</sup>

***Interagency IG Team Recommendation:*** The Office of Congressional and Legislative Affairs of the Department of Veterans Affairs should promote enactment of an amendment to section 1717, title 38, United States Code to allow the Secretary of Veterans Affairs to provide Home Improvements and Structural Alterations (HISA) grants to eligible veterans prior to discharge from military service.

**Actions Taken:** In June 2007, the VA Office of Congressional and Legislative Affairs began consideration of a legislative proposal requesting Congress add language authorizing “the Secretary of Veterans Affairs to provide Home Improvements and Structural Alterations (HISA) grants to eligible veterans and members of the Armed Forces.” The VA Office of Congressional and Legislative Affairs should continue to promote action on the proposal.

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<sup>6</sup> During Fiscal Years 2004-2006, VA Polytrauma Rehabilitation Centers treated 173 seriously injured veterans of OIF and OEF. The HISA benefit was limited to \$4,100 for veterans with service-connected injuries, and \$1,200 for veterans with injuries that were not service connected.

### **3. Medicare Benefits to Unemployable Disabled Veterans**

Discussion: Medically retired Service members who are rated 100 percent disabled and deemed unemployable pay more for medical care than career-service retirees if they do not have ready access to health care from VA or DoD facilities.

Service members determined unfit for continued service resulting from service related injuries or illness are medically retired. Medical and career-service retirees had equal rights of access to DoD and VA health care benefits, and were eligible for continued enrollment in TRICARE For Life. However, medical retirees deemed unemployable because of diminished capabilities could either:

- receive health care for service related injuries or illness at a VA facility,
- enroll in Medicare Part B, remain eligible for TRICARE, and receive care from civilian facilities, or
- sign up for private health insurance and receive care from civilian facilities.

The first option entailed no cost to the medically retired Service member, but it required a permanent residence near a VA facility providing the necessary treatment options. Aside from the few with sufficient means to avail themselves of the third option, medically retired Service members not living in geographic proximity to VA facilities generally select the second option.

Enrollment in Medicare Part B incurs at least a \$96.40 monthly premium.<sup>7</sup> This cost was charged according to different age criteria for career-service retirees when compared to medically retired Service members. Career-service retirees are entitled to enroll in Medicare Part B when they reach 65 years of age. Medical retirees deemed unemployable can enroll in Medicare Part B immediately following medical retirement, regardless of age, and were required to do so in order to qualify for TRICARE For Life. As of 2008, medical retirees deemed unemployable paid \$1,156.80 per year in Medicare Part B premiums per year to remain eligible for Medicare Part B and TRICARE For Life until reaching the age of 65. Career-service retirees had no need for Medicare Part B benefits and therefore did not pay such premiums prior to age 65. This has resulted in an inequity in health care premiums for medical retirees deemed unemployable.

Section 1086(d)(2), title 10, United States Code establishes the requirement for retirees who are Medicare eligible to enroll in Medicare Part B in order to obtain TRICARE For Life benefits. Section 1395j, title 42, United States Code and other Medicare related sections set eligibility and standards for military medical retirees deemed unemployable. Removing the inequity in premium payments for retirees deemed unemployable will likely require legislative change involving more than one agency.

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<sup>7</sup> “CMS Announces Medicare Premiums, Deductibles for 2008,” October 1, 2007, Centers for Medicaid and Medicare Services, <http://www.cms.hhs.gov/apps/media/factsheet.asp?Counter=2488>, accessed June 6, 2008

***Interagency IG Team Recommendation:*** The Under Secretary of Defense for Personnel and Readiness should coordinate with the Centers for Medicare and Medicaid Services of the Department of Health and Human Services to develop and propose legislation waiving Medicare Part B monthly premiums for life for medically retired Service members deemed unemployable.

**Actions Taken:** No legislative action has been proposed or enacted. No policy or implementation actions found.

**Management Comment and Evaluation Team Response:** The Wounded, Injured, and Ill Senior Oversight Committee stated that, for those eligible, TRICARE covers health care fees, including co-pays and deductibles not covered by MEDICARE (see Appendix C). However, the intent of the discussion and recommendation was to address program enrollment costs, highlighting the discrepancy between unemployable medical and career-service retirees. We clarified the text of the recommendation, replacing the waiver of “fees” with the term “premiums.”

## **Conclusion**

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This evaluation reviewed the process for the transition of health care services from DoD to VA for Service members injured in OIF/OEF. Interviews, observations, and analysis led to the identification of 14 recommendations for improvement to the transition process. During the conduct of the evaluation, parallel activity of commissions of experts and other oversight organizations issued reviews of the system of health care for injured Service members. The interagency IG team chose to delay publication of our findings to prevent duplication of recommendations and potential conflicts with legislation.

Of the 14 recommendations drafted, 11 were addressed by reports of commissions working in parallel and legislation completed during the evaluation. This validated the interagency IG team's decision to delay this report. As discussed above, three recommendations remained unique to the IG effort, and we recommend that respective organizations address the underlying issues.

Since 2005, DoD and VA made significant progress modifying, updating, and improving the systems supporting injured Service members and veterans. Media reports, Congressional legislation, and an urgency to do what is right for injured Service members and veterans sustained interest in these issues. The Departments continued to consolidate over 400 recommendations for improvement, assign tasks to appropriate offices, and coordinate efforts. The final step will be to ensure implementation. The Inspectors General of the DoD and VA will continue to monitor program execution and provide oversight assistance to facilitate a timely, effective, and streamlined care transition program.

## Appendix A—Management Request



PERSONNEL AND  
READINESS

UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000



MAR 10 2005

### MEMORANDUM FOR INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE

Subject: Request for DoD Inspector General Audit

*Tac*  
My office and the Office of the Assistant Secretary of Defense (Health Affairs) have been closely monitoring the Department of Defense (DoD)/Department of Veterans Affairs care transition process for Service members injured in Operations Iraqi Freedom and Enduring Freedom, including the medical hold/holdover programs in each of the Services. We would like to formally request the DoD Inspector General perform an independent review of how the Services are performing. An outside independent assessment performed by your organization will help us improve the care we provide to Service members.

In order to properly scope the audit and identify critical objectives for investigation, we request you work with the Office of the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness).

My point of contact for this matter is Colonel Ray Cunningham, who can be contacted by email at [edward.cunningham@ha.osd.mil](mailto:edward.cunningham@ha.osd.mil), or by telephone at 703-578-8445.

David S. C. Chu



## Appendix B—DoD/VA OIG Announcement Memo



JUL 24 2006

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL  
AND READINESS  
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS  
ASSISTANT SECRETARY OF DEFENSE FOR RESERVE  
AFFAIRS  
INSPECTOR GENERAL, DEPARTMENT OF THE ARMY  
NAVAL INSPECTOR GENERAL  
AIR FORCE INSPECTOR GENERAL

SUBJECT: Department of Defense (DoD)/Department of Veterans Affairs (DVA) Interagency Evaluation of the Care Transition Process (DoD Project No. D2006-DIP0E2-137.000/DVA Project No. 2006-02857-HI-0400)

This memorandum announces the subject interagency evaluation in response to a request from the Undersecretary of Defense for Personnel and Readiness. The overall objective will be to evaluate administration of injured military members returning from OPERATIONS IRAQI (OIF) and ENDURING FREEDOM (OEF). The evaluation will perform a strategic assessment of law, policies, and processes governing the Services to determine if Service members wounded in OIF and OEF receive effective access to care during and after transition. We will consider suggestions from management on additional objectives.

We will visit the organizations of the primary policy and decision makers in OSD, DVA, Services, Combatant Commands, Health Affairs, and other offices responsible for establishing and executing care transition of military members returning from war. During the evaluation, we will also select and visit military installations, DVA facilities and other sites.

Points of contact for the evaluation are (DoD) Lt Col Michael Luft, USAF ([michael.luft@dodig.mil](mailto:michael.luft@dodig.mil)) at (703) 604-9114 and (DVA) Ms. Patricia K. Christ, RN, MBA, CPHQ ([Patricia.Christ@mail.va.gov](mailto:Patricia.Christ@mail.va.gov)) (202) 565-8450.

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and Evaluations

## Appendix C—Management Comments



**DoD/VA Wounded, Ill and Injured  
Senior Oversight Committee  
Washington, DC**



June 1, 2008

**MEMORANDUM FOR DEPARTMENT OF DEFENSE DEPUTY INSPECTOR  
GENERAL, POLICY AND OVERSIGHT**

**SUBJECT:** Draft Report on the DoD/VA Care Transition Process for Service Members Injured in OIF/OEF (Project No. D2006-DIP0E-)137)

This is in response to your memorandum of April 21, 2008 requesting comments on the subject draft report. On March 10, 2005, the Under Secretary of Defense for Personnel and Readiness requested a Department of Defense Inspector General audit of the DoD/VA transition process for Service members injured in OIF/OEF. As stated within your report, 13 of the 14 recommendations have already been addressed through either legislation or other commission recommendations. Although we concur with the draft report's findings, we are providing the following comments relating to the single remaining recommendation which recommends that DoD propose legislation to waive MEDICARE Part B fees for disabled retired Service members.

Although Section 1086(d)(2) of Title 10 requires that those who qualify for Part A must obtain Part B in order to retain TRICARE eligibility, MEDICARE Part B fees are governed by MEDICARE statute. Although it appears that beneficiaries under age 65 who are MEDICARE eligible based on a disability have to pay more up-front, TRICARE picks up what MEDICARE does not cover, for example, all co-pays and deductibles. In order to adequately gauge this recommendation's impact on the beneficiary, more financial analysis is required.

In addition to further financial analysis, we are currently examining the authorities contained in Section 1631 of the National Defense Authorization Act for Fiscal Year 2008 which may mitigate certain cost to the beneficiary.

We appreciate the amount of time and effort which your office expended in providing this report. The POC for this matter is Major William Torrico, Senior Oversight Committee staff counsel, (703) 602-7033, ext 108.

Melinda McMillon Darby  
Executive Director

A handwritten signature in black ink, appearing to read "Melinda McMillon Darby".

## **Appendix D—Report Distribution**

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## **TEAM MEMBERS**

The Inspections and Evaluations Directorate, Office of the Deputy Inspector General for Policy and Oversight, Office of the Inspector General for the Department of Defense and the Health Affairs Inspections Directorate, Office of Inspector General for the Department of Veterans Affairs prepared this report. Personnel who contributed to the report were:

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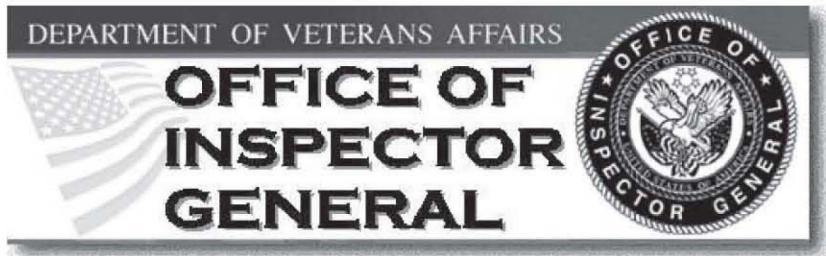
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*"A man who is good enough to shed his blood for his country  
is good enough to be given a square deal afterwards."*

*Theodore Roosevelt*



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